

10/685232

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO. 10685232	FILING DATE					
							APPLICANT(S)						
							CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT								
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1	1		1				51						
2		1		1			52						
3		1		1			53						
4		1		1			54						
5		4		4			55						
6	1		1				56						
7		1		1			57						
8	1		1				58						
9	1		1				59						
10	1		1				60						
11		1		1			61						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	6		5				TOTAL IND.						
TOTAL DEP.	11		11				TOTAL DEP.						
TOTAL CLAIMS	16		16				TOTAL CLAIMS						